| Fill in this information to identify the case: | |
|--|------------|
| United States Bankruptcy Court for the: | |
| Eastern District of Washington | |
| Case number (If known): | Chapter 11 |

 $\boldsymbol{q}\,$ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

| 1. | Debtor's name | Sunnyside Professional Services, LLC | | | |
|----|---|---|---|--|--|
| 2. | All other names debtor used in the last 8 years Include any assumed names, trade names, and doing business as names | | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 47-5499567 | | | |
| 4. | Debtor's address | Principal place of business | Mailing address, if different from principal place of business | | |
| | | 1016 Tacoma Ave. Number Street | 900 W. Chestnut Ave. Number Street | | |
| | | Sunnyside, WA 98944 City State ZIP Code | P.O. Box Yakima, WA 98902 City State ZIP Code | | |
| | | City State ZIP Code | Location of principal assets, if different from principal place of business | | |
| | | Yakima County | See attached list. Number Street | | |
| | | | City State ZIP Code | | |
| 5. | Debtor's website (URL) | https://www.astria.health/ | | | |
| 6. | Type of debtor | X Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Q Partnership (excluding LLP) Q Other. Specify: | | | |
| | | -1 · · · · · · · · · · · · · · · · · · · | | | |

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

| 7. | Describe debtor's business | A. Check one: | | | | | |
|-----------------------------------|---|---|-------------------------|--|--|--------------------------------|---|
| | | X Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | 1 . | | eal Estate (as defined in | - , ,, | | |
| | | | , | fined in 11 U.S.C. § 101(| ** | | |
| | | - | | s defined in 11 U.S.C. § 1 | | | |
| | | q Comr | nodity Bro | ker (as defined in 11 U.S | S.C. § 101(6)) | | |
| | | q Clear | ing Bank (| as defined in 11 U.S.C. | § 781(3)) | | |
| | | Q None of the above | | | | | |
| | | B. Check all that apply: | | | | | |
| | | X Tax-exempt entity (as described in 26 U.S.C. § 501) | | | | | |
| | | Q Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) | | | | | |
| | | Q Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) | | | | | |
| | | | | American Industry Classitourts.gov/four-digit-nation | | | describes debtor. See |
| | | 621 | 1 | | | | |
| 8. | Under which chapter of the Bankruptcy Code is the | Check or | ne: | | | | |
| | debtor filing? | q Chap | ter 7 | | | | |
| | | q Chap | ter 9 | | | | |
| | | X Chap | oter 11. <i>Ch</i> | heck all that apply: | | | |
| | | | q | | ncontingent liquidated d less than \$2,725,625 (ars after that). | | |
| | | | q | debtor is a small busine of operations, cash-flow | ousiness debtor as definess debtor, attach the more statement, and federal , follow the procedure in | ost recent bal income tax r | ance sheet, statement eturn or if all of these |
| | | | q | A plan is being filed wit | n this petition. | | |
| ${f q}$ Acceptances of the plan v | | | | or more classes of | | | |
| | | | ~ | • | | , | 017 1 400) 11- 41 |
| | Exchange Act of 1934. | | ge Commission accordir | ng to § 13 or 1 <i>oluntary Peti</i> | 15(d) of the Securities tion for Non-Individuals Filing | | |
| ± | | The debtor is a shell co | mpany as defined in the | Securities E | xchange Act of 1934 Rule | | |
| | | q Chap | ter 12 | | | | |
| 9. | Were prior bankruptcy cases filed by or against the debtor within the last 8 years? | X No | | | | | |
| | | q Yes. | District _ | | When | Case number | · |
| | If more than 2 cases, attach a separate list. | | District _ | | | | |
| | | | | | , , | | |
| 10. | Are any bankruptcy cases | ${\bf q}$ No | | | | | |
| | pending or being filed by a business partner or an | X Yes. | Debtor S | See attached | list. | Relationship | |
| | affiliate of the debtor? | | | | | | |
| | List all cases. If more than 1, attach a separate list. | | | ber, if known | | TTIOII | MM / DD /YYYY |
| | | | | | | | |

11. Why is the case filed in this district?

Check all that apply:

- X Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- X A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.
- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

q No

X Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

q It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

q It needs to be physically secured or protected from the weather.

- X It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- x Other Assets include perishable goods.

Where is the property? See attached list.

Is the property insured?

q No

 ${\bf X}~{
m Yes.}$ Insurance agency HUB

Contact name Jeff Barrom

Phone (509) 837-3711

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- x Funds will be available for distribution to unsecured creditors.
- Q After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.
- 14. Estimated number of creditors

x 1-49 Q 50-99 Q 100-199

q 1,000-5,000q 5,001-10,000q 10,001-25,000

Q 25,001-50,000 Q 50,001-100,000 Q More than 100,000

q 200-999

15. Estimated assets

q \$0-\$50,000q \$50,001-\$100,000q \$100,001-\$500,000

q \$1,000,001-\$10 millionq \$10,000,001-\$50 million

q \$1,000,000,001-\$10 billionq \$10,000,000,001-\$50 billion

q \$500,000,001-\$1 billion

More than \$50 billion

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

page 3

16. Estimated liabilities

Debtor

X \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million

\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

| | r docided direct portaity of porjuly that the foregoing to | trao arra corroct. |
|---------------------------|--|--------------------------------|
| | Executed on | |
| | Signature of authorized representative of debtor | John M. Gallagher Printed name |
| | | |
| | Title President & Chief Executive Office | cer |
| | | |
| 18. Signature of attorney | /s/James L. Day | Date |
| | Signature of attorney for debtor | MM / DD / YYYY |
| | | |
| | James L. Day | |
| | Printed name | |
| | Bush Kornfeld LLP | |
| | Firm name | |
| | 601 Union Street, Suite 5000 | |
| | Number Street | |
| | Seattle, WA 98101 | |
| | City | State ZIP Code |
| | (206) 521-3858 | jday@bskd.com |
| | Contact phone | Email address |
| | 20474 | Washington State |
| | Bar number | State |